DOCUMENT RESUME

ED 115 610 SP 009 679

AUTHOR Hojak, Joseph L.
TITLE Health Habits; Goal 6 Guide to Strategies for Improvement. PDE Working Paper.
INSTITUTION Pennsylvania State Dept. of Education, Harrisburg. Bureau of Planning and Evaluation.
PUB DATE 75
NOTE 40p.

EDRS PRICE MF-$0.76 HC-$1.95 Plus Postage
DESCRIPTORS *Curriculum Development; Drug Education; Health Activities; *Health Education; Health Programs; *School Role; *Student Behavior

ABSTRACT

This document examines the need for health education and presents suggestions for implementing and/or improving health education programs. Chapter 1 states that the school has an obligation to emphasize positive health practices in cases where the home has been deficient in encouraging the child to practice sound health habits. This chapter also describes assessment instruments for grades 8-11 which concentrate on the individual's willingness to consistently exhibit positive health habits. Chapter 2 first examines the fact that although there is an abundance of health textbooks and materials, students still do not practice good health habits. Research concerning the formation of health habits through school programs is then presented and discussed. The first part of chapter 3 presents suggestions for improving health education curriculum. Inservice teacher education and student surveys to determine what is deemed relevant by students are discussed as major tasks in upgrading the health education curriculum. Suggested methods of gathering information from students as to what they consider important to learn are presented, along with a sample student questionnaire. The second part of chapter 3 describes on-going programs in drug abuse education. A scope and sequence chart to aid teachers in establishing the starting point and periods of greatest concentration in specific areas of instruction, and suggested pupil-teacher activities are appended. (PB)

**********
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
**********

ED115610

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL HAS BEEN GRANTED BY
Penn Dept of Ed
TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE NATIONAL INSTITUTE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

SP

PDE WORKING PAPER

EQA - EDUCATIONAL QUALITY ASSESSMENT

# Health Habits

## GOAL VI

## Guide to Strategies for Improvement

By Joseph L. Hojak
Division of Educational Quality Assessment
Bureau of Planning and Evaluation
Pennsylvania Department of Education
1975

SP009 679

GOAL VI

HEALTH HABITS

"Quality education should help every child acquire good health habits and an understanding of the conditions necessary for the maintenance of physical and emotional well-being."

TABLE OF CONTENTS


| | Page |
|---|---|
| INTRODUCTION | 1 |
| CHAPTER I | 4 |
| Goal Rationale | 4 |
| Measurement | 4 |
| CHAPTER II | 7 |
| PART A -- Health Practices | 7 |
| PART B -- Habit Formation | 9 |
| CHAPTER III | 12 |
| PART A -- Suggestions and Strategies | 12 |
| Teacher Inservice | 12 |
| Student Survey | 14 |
| Formalizing a Plan | 19 |
| PART B -- Ongoing Programs | 20 |
| SUMMARY | 23 |
| BIBLIOGRAPHY | 24 |
| APPENDIX | 26 |

## INTRODUCTION

For some unknown reason, some educators tend to disregard the importance of the school in forming and reinforcing health habits. Evidence of this can be found in a survey of 76 school districts conducted by the Division of Educational Quality Assessment. In a follow-up of the schools tested in 1973-74, chief school administrators were asked to prioritize the Ten Goals of Quality Education. Goal VI (health habits) was ranked eighth. This low ranking seems to be unjustifiable when one considers that only 43 per cent of the students tested across the state were able to demonstrate a positive attitude toward the health habits on the Goal VI instrument. The following table ranks the affective goals scored on the criterion reference basis showing the per cent of the students with positive attitudes.

TOTAL SCALES FOR ATTITUDES

| | Goal Name | Per Cent of Students Showing Positive Attitude |
|---|---|---|
| VIII A | Vocational Attitude | 88% |
| II | Understanding Others | 85% |
| X | Preparing for a Changing World | 78% |
| I | Self-Esteem | 72% |
| IV | Interest in School | 67% |
| VII | Creative Attitude | 59% |
| VI | HEALTH HABITS | 43% |
| IX | Appreciating Human Accomplishments | 41% |
| V | Citizenship | 29% |

The low ranking on the table, coupled with the low priority given by the superintendents in the follow-up presents some puzzling questions. Why does the teaching of health habits receive little or no attention? Do educators assume the job is being done? Do they feel it is the responsibility of the home? Are there time constraints? Whatever--a readjustment in the overall attitude toward teaching health habits seems to be in order.

School districts wishing to increase scores in Goal VI should realize that a concerted effort to improve health habits in children will require time and training. Therefore, a school district should commit itself to teacher in-service and to squiring the necessary funds for such a program. Health HABITS, as the word denotes, require time and frequency to become internalized in the students' everyday behavior. Psychologists studying motivation and behavior have reported that strong health habits must be formed and nurtured if they are to remain permanent and effective.

All too often, school health programs concentrate solely on health knowledge. Surprisingly, research could not be found to substantiate a correlation between health knowledge and actual performance of sound health habits. Perhaps this points to a weakness in traditional health classes: Health materials and classes that concentrate on knowledge without dealing with behavior may be inadequate.

The Conceptual Guidelines for School Health Programs in Pennsylvania, published by the Pennsylvania Department of Education in 1970, provides a health continuum with scope and sequence. Its objectives include a variety of pupil-teacher activities that concentrate

on proper health behaviors. Schools whose students follow these guidelines should have little difficulty in dealing with the health situations in the Goal VI instrument. The key, however, is the consciencious application of the guidelines in the suggested scope and sequence. Examples from this publication can be found in the Appendix.

CHAPTER I

## Goal Statement

"Quality education should help every child acquire good health habits and an understanding of the conditions necessary for the maintenance of physical and emotional well-being."

## Goal Rationale

In their own interest as well as in the interest of society, children should know how to take care of themselves and how to keep physically fit. They should know the requirements for physical and mental health and what practices, harmful to health, should be avoided. After gaining this knowledge, they should acquire habits of actions which increase the probability of remaining healthy and fit throughout life.

In cases where the home has been deficient in encouraging the child to practice sound health habits, the school has an obligation to emphasize positive health practices and provide an environment conducive to the well-being of the students.

## Measurement

The Goal VI assessment instruments for grades 8 and 11 concentrate on the individual's willingness to consistently exhibit habits which are conducive to the maintenance of personal health and well-being. Each question takes the form of a situation about a make-believe student. The respondent is first asked to consider taking a specific action. In each question three motivation-inducing conditions, i.e., rewards and punishments, are made contingent upon the taking of the action.

The underlying assumption used is that the examinee who consistently chooses the correct health action, not only under optimal conditions (i.e. rewards), but also under adverse conditions (i.e. punishments), is displaying a high degree of internalization for the behavior in question. For example:

> When Norma had the flu, the doctor gave her some medicine. The medicine also took away the stomach ache Norma had. After she got over the flu, Norma had another stomach ache. If I were Norma, I would TAKE THE MEDICINE AGAIN when I thought...
>
> 1. The medicine tasted good.
>
> 2. It might cure my stomach ache quickly.
>
> 3. My parents might not want me to take it.

Students displaying consistently positive health behaviors should reply in a negative manner to all three motivation-inducing conditions in the example. Conversely, students who indicate that they will or might take the medicine again, display a deficiency in proper health habits.

The tests for grades 8 and 11 contain health situations similar to the above example. The situations are grouped to yeild three subscales and a total scale score. In the first subscale, personal and community health, the student is asked to respond to situations concerning proper diet, proper medical precautions, and good personal hygiene practices. Each of the situations provides the student with at least three motivation-inducing conditions to which he/she must respond.

Subscale #2 deals with personal and community safety. Measured is the degree of restraint from unnecessary risk-taking at home, at school and at play and restraint from submitting others to undue risks.

The third subscale contains situations which measure restraint from the improper use of prescription drugs, experimentation with drugs and maintaining close contact with others who are using drugs. Improper use of prescription drugs includes restraint from using old medicine, medication prescribed for others, or more medicine than has been prescribed by the doctor.

Proper health behavior is largely the result of the proper formulation of habits. Two learning theories supporting this assumption were confirmed as a result of field testing the Goal VI instruments. They are: (1) as the habit-strength of a behavior increases, the ability of various motivators to influence changes in the behavior decreases, and (2) as the habit-strength increases, response stability increases.

## CHAPTER II

### PART A--Health Practices

A search for health materials turned up a bonanza of textbooks, films, commercial packages, monographs and periodicals. By no means is there a shortage of materials in health education. Sophisticated strategies and programs abound. With all of this available, why don't students practice good health habits. One hypothesis might be that the material, although available, is not used effectively in the schools. Another, is that the knowledge obtained from this information does not correlate with actual health practices.

Much of the class time in health education is devoted to knowledge. As one student reported when asked what she learned about health classes; "I remember drawing pictures of my teeth in the fourth grade, fifth, and again in the sixth." While this statement may point out the deficiency of a proper health continuum, it also raises the question of whether the student ever had brushing instruction reinforced with actual practice. Mayner (3) found that dental health attitudes are casually related to practice and are products of the behavior rather than predecessors to it. The implication is that dental health practices influence dental health values and the way to get at practices is to affect the practices themselves, not indirectly through attitudes. Health education which involves the learner directly practicing the desired behavior is the most effective kind of health education.

Pratt (4) studies the relationship of socioeconomic status to health. Her findings revealed that the higher the level of personal health practices the higher the general level of health and the fewer

health problems. Interesting enough, the findings indicate that the level of health knowledge people reported was not correlated to the level of their health or the extent of their health problems. The crucial factor was the practice of good health habits.

The basic rationale of Goal VI is to help students acquire proper health habits. If the school district is in harmony with this rationale, then it must give students the opportunity to practice good health habits. This may mean that elementary students, given toothbrushes and toothpaste, brush their teeth every day and wash their hands before lunch and after recess. In secondary schools, it may involve students charting their daily intake of foods.

PART B--Habit Formation

Modifying human behavior requires more than a single instance to form a habit. Habits beneficial to good health and well-being must be exercised daily, especially in elementary schools. Research*(5), (6) indicates that in some cases if proper health habits are not formed in the elementary grades it may be very difficult to internalize them later.

Evans, et. al. (7), (8) studying junior high students oral hygiene, presents a sound case for a continuum of health practices with reinforcement. The studies included a pre-test which contained the following:

1. Photographing students' teeth (stained as a result of the administration of a disclosing tablet) to determine the cleanliness of their teeth before oral hygiene instruction.
2. Obtaining reports of student brushing behavior.
3. Administering certain personality tests, etc.

One week after the pre-test, experimental groups were given elaborate oral hygiene instruction. One group served as a control group. The students were retested after five days, two weeks, and six weeks. The findings indicate that reported oral hygiene behavior differed significantly from actual behavior as determined from the photographs of students' teeth. All of the experimental groups showed significantly cleaner teeth than was evident in the pre-test. However, by the time the six weeks post-test was given the teeth of the students in all the experimental groups began to appear to be almost as dirty as they were in the pre-test. This indicates that students tend to diminish a habit of this nature if not properly reinforced. Though further research is

*Refers to numbered bibliography.

necessary, it would be obvious that a "casual" health education program in the schools will not provide a basis for sound health practices by students.

Horn (9) in an article on smoking research, found that knowledge was an important ingredient in the beginning the cessation process of a poor health habit, but no relationship was found between knowledge and long term cessation. Research seems to indicate that interpersonal values play a major role in what a person will or will not do to maintain good health behaviors over a long period of time. The world we live in, environmental supports and personal values tend to play a more important role than health knowledge. Recognizing the importance of "value education" several programs have been developed to deal with interpersonal values.

The Coronado Plan (10) was developed to deal with student perceptions and values as a preventative measure against drug abuse. It appears that students exposed to valuing techniques tend to become more open, more willing to bring problems to the surface so that solutions can be sought. This plan will be discussed in greater detail in the ongoing programs section.

Health behavior is a very complex mechanism. Health educators cannot purport to have discharged obligations merely by providing students with cognitive information only to ignore the affective areas. As mentioned, health education in the schools cannot be relegated to occasional health classes. Proper health habits and behavior should be constant to be successful. In many schools this poses a "time" problem. As in other curricular areas, health instruction suffers from

lack of adequate time. Perhaps this presents an occasion to suggest the multi-agency approach (11). This type of approach provides an opportunity to lower or eliminate many of the community objections when endeavoring to upgrade the health curriculum of their schools. One of the first tasks is to determine the nature of the present health curriculum and student, parent, and teacher reactions to it. What are its short-comings? What does the community, teachers, and students want to see developed in a K-12 health education curriculum. This type of review or evaluation is necessary to insure a unified effort.

In the next section the author will discuss a method of obtaining this type of information. In addition, suggestions, strategies and ongoing programs will be discussed.

## CHAPTER III

### PART A--Suggestions and Strategies

Once a school district has perceived the need to upgrade its health education curriculum, it must assess the strengths and weaknesses of the present program. This assessment should involve a critical analysis of the health continuum, student and teacher attitudes and teaching strategies and methodology.

In making this assessment the district may desire to:

1. Plan in-service programs with the faculty to:
   a. Study the schools EQA Status Profile.
   b. Review and study the Conceptual Guidelines for School Health Programs (2).
      1. Compare and discuss the scope and sequence chart (Appendix) with the district's current health program. Omissions should be noted for possible inclusion in the upgraded program.
      2. Review and discuss the suggested pupil-teacher activities in the guidelines in light of present teaching techniques and methodology. Particular emphasis should be placed on health behaviors and their formation.

2. Survey students to determine their attitudes toward the health curriculum--past, present and future.

3. Formulate a plan to emphasize health habits and implement the upgraded curriculum.

The remainder of Part A will deal with a discussion of the above outline to assist school districts in developing a plan of action. It is presented as a suggestion, and can be altered to suit the individual needs of the district.

TEACHER INSERVICE. Time and time again research has pointed to the relationship between student success and the teacher. If the

district is to realize success in upgrading the health curriculum, it will be necessary to infect the teachers with enthusiasm for the project.

It is reasonable to assume that if the teachers do not perceive the need to upgrade the curriculum and do not become excited or committed to the program, a diminishing scale of success will be realized. To this end, it is suggested that an open and honest approach be used in presenting the project to the faculty. The district should provide the faculty with a complete description of the EQA School Profile including all of the district's scores as well as the statewide data. EQA Manual One--"Teacher Inservice on the EQA Status Profile" (12) describes a series of workshops for this purpose. The results of the Status Profile should, help teachers recognize the need for upgrading the health curriculum. If this need is discovered by the teachers themselves, they are more apt to assume responsibility for initiating a project to correct deficiencies.

Having perceived the need and committed themselves to doing something about it, they are then ready to discuss materials and methodology. The author suggests the Conceptual Guidelines for School Health Programs in Pennsylvania (2) as the focal point of the discussion. Teachers (K-12) should compare the scope and sequence chart from the guide (Appendix) with one constructed by the district for the present health continuum. Side by side comparison may point out deficiencies in the present health curriculum and omissions should be noted for possible inclusion in the upgraded program. Once a proposed scope and sequence chart has been constructed, the pupil-teacher activities suggested in the guide should be reviewed and discussed. (Samples of suggested pupil-teacher activities from the guide are included in the Appendix).

The faculty should compare the suggestions with their own classroom activities with an eye to adoption of those that seem most promising. Of particular interest should be those activities that deal with habit formation and behavior modification.

Since the ultimate end is measured in terms of student behavior, it is of paramount importance that the materials be presented to the student in a manner that will whet his/her appetite and develop a sincere desire to practice proper health behaviors.

Health teachers often feel threatened and become defensive when handling controversial health issues and ethics. Modern health teaching involves a certain amount of courage and intelligent risk-taking, as well as health knowledge and teaching know-how (13).

STUDENT SURVEY. To find out how students feel about health education, ask them. If an upgraded health curriculum is to be successful, it must be relevant to the students. Teach them what they want to know.

Byler, et. al., (1) surveyed 5,000 students in selected Connecticut schools from kindergarten through grade 12 to determine their interests, needs, and recommendations. It proved to be exciting in that students provided honest, forthright information about what they wanted to know. In addition, their recommendations for improving health programs appeared to be reasonable and adoptable. The materials and processes recommended by students from this study can be found in the Appendix.

Student feedback can be an invaluable tool to the district in planning a sound, relevant health education program. Therefore, the author suggests the following methods of gathering information from the students for consideration in the final development of the scope and sequence chart, and ultimately, in the upgraded health curriculum.

GRADES K-3

From kindergarten through grade three, information should be based on teachers perceptions and observations of children engaged in free, unstructured health-related play and work activities. In addition, health events in and out of school should be discussed briefly. Some health interests expressed by students indicated by Byler's study are:

About the Body...How does my body get made?
How does my heart beat?
What makes blood?
How do you get bones in your body?

These are just an example of the type of questions children ask at this age level. Curiousity of this nature should be nutured and cultivated in the proper direction. Other general areas of interest are:

1. Aches, pains and diseases
2. Accidents
3. Hygiene and safety
4. Sex
5. Babies
6. Relations with parents and family
7. Relations with peers

This information should be noted and used to shape and modify the scope and sequence of the health curriculum.

GRADES 4-6

For children in grades 4-6 use, in addition to teacher perceptions and observations, life situations, dramatizations and free anonymous writing techniques.

Life situations are those activities that arise incidently. For example, the birth of a baby in the family can provide an excellent opportunity for exploring the concerns of young children. Teachers are asked to encourage discussion but resist giving answers that would close off the discussion or direct the students' answers.

Free anonymous writing may be one of the best ways to determine student attitudes and needs. Students should be encouraged to write their thoughts about health issues and problems with the clear assurance that no one in the school would or could identify the writer. The only information about the writer should be age, grade, sex and school.

GRADES 7-12

Also suggested, in addition to the techniques previously mentioned, is a formal "secret" survey form for students in grades 7-12. In administering this survey a list of the health topics from the proposed scope and sequence chart should be made available at the time the questionnaire is completed. This will provide students with a basis for completion of the instrument.

Again, it is important that student names not be attached to the questionnaire to preserve anonimity. The following represents an example of the type of questionnaire that may be used. It should be noted that this example is provided only as a suggestion. School districts should feel free to alter this form to suit their specific needs.

HEALTH SURVEY

SCHOOL_____Grade___Sex___

Check One:

1. I___have had___am having___have not had a course in health in the Jr.-Sr. high school.

2. As you remember your last health class, circle the most interesting topics.

| | | |
|---|---|---|
| Alcohol | Drugs and Narcotics | Nutrition |
| Anatomy | Family Relationships | Physical Fitness |
| Community Health | Health Careers | Physiology |
| Consumer Health | Heredity and Environment | Safety |
| Dental Health | Human Sexuality | Smoking |
| Disease Control | Mental Health | Others_____ |

3. Have you adopted any personal health habits as a result of the course?

____yes ____no

If yes, what were they?

4. List any health-related issues, which in your opinion need greater emphasis?

5. Did you feel you had the opportunity to discuss health concerns in class?

____yes ____no

If yes, did your teacher lecture or was it open to discussion?

6. Are there some health concepts you wish were taught earlier in school?

7. What suggestions do you have to make health courses more interesting to you?

8. What health topics do you feel are essential for young people to understand?

9. How often do you think health should be taught in the schools?

____every year

____every other year

____every three years

FORMULATING A PLAN. To this point information has been obtained from four sources: teachers, students, the Conceptual Guidelines and the administration. One more source, the school's EQA Status Profile Criterion Reference Section for Goal VI, should be studied. This statistical information may indicate descrepancies in specific subscales. For example, if a school has a low percentage of pupils passing the safety subscale, then the upgraded curriculum should place greater emphasis on safety topics.

All the information should now be consolidated to plan an upgraded health curriculum in the district. Once formulated, it should be brought to the attention of the community, parents, and numerous other agencies that may be able to provide assistance and direction.

For those districts who feel the need for special programs on drug abuse, Part B of this chapter will review selected ongoing programs.

## PART B--Ongoing Programs

Selected ongoing programs that focus on drug abuse will be reviewed in this section to familiarize the reader with examples of value education and peer interaction, which seem to be the most common thrusts at the present time. These programs have implications for all behavior modification. They may be adapted and used to encourage good health habits. This limited sample is provided as a basis for further investigation. The school district, based on its philosophy, must decide whether the programs described could be used by the district to obtain the desired result.

A number of programs operating in Pennsylvania schools are within traveling distance for school district personnel who wish to carry on additional study.

### THE CORONADO PLAN

This program was planned for the prevention of drug abuse through an attack on the causes. It seems to be achieving success in the Coronado, California schools. The five causes of drug abuse toward which the program is directed are (1) poor self concept, (2) peer group pressures, (3) risk-taking, curiosity, or thrill seeking, (4) conflict with the adult society and (5) advertising.

The program, designed as a K-12 program with major emphasis at the elementary level, seeks to help young people develop (1) a realistic and positive concept of self and others, (2) the ability to solve problems and make decisions, (3) skill in interpersonal relationships and (4) an understanding of the purposes and techniques of advertising.

Philosophically, the Coronado Plan is largely based on the Abraham Maslow theory that behavior is motivated by felt deprivations. The eight value categories, broad in nature, are affection, respect, well-being, power, wealth, enlightenment, skill, and moral integrity. Deprived in any one of these, the individual is handicapped in achieving his full potential. Serious deprivation may lead to mental illness or escape through drugs.

Starting in kindergarten, teachers are attempting to assist students recognize, clarify, and strengthen their values. If this can be done, the youngster, faced with the decision to use or not use harmful substances or to partake in any anti-social activity will have the strength of character not to engage in such activities.

Curriculum guides have been developed for all grade levels. They are not prescriptive in nature but provide examples of how the drug abuse program can be integrated into the regular curriculum, rather than become a separate unit of study.

SMART SET

Smart Set is a peer relationship program to promote the prevention of drug abuse. Over 6,000 kits titled "Happiness Is No Dope," have been mailed from the Pennsylvania Department of Health to public and parochial schools in the state. This program only works in schools where the principal and teachers recognize the problem and skillfully guide the students in battling anti-school behavior.

What Smart Set does is use peer relationships to completely change attitudes by giving the use of drugs, and those who use them, a negative status.

RAP SHACK

The Rap Shack, a school-related storefront counseling center in Herkimer, New York, gives students the opportunity to talk about their drug problems and concerns with volunteer counselors and peer groups.

CONCERN

This is a peer referral service in the Lower Merion School District. It is comprised of a small number of carefully selected students who try to help other students recognize and handle their problems through the use of the school's guidance facilities and other professional agencies in the community.

Finally, for the school district desiring to investigate specific programs in operation, Resource Manual on Primary Prevention in the Commonwealth lists all drug-related programs in the schools and communities of Pennsylvania. This publication may be obtained by writing the Governor's Council on Drug Abuse. A special office in the Department of Education is available for assistance in the drug and alcohol prevention area.

## SUMMARY

Parents are primarily responsible for inculcating proper health habits in children. However, where parents have been deficient, the school has an obligation to provide the opportunity for students to learn proper practices. From data available, this obligation appears to have been ignored by many educators.

Though numerous programs, materials and strategies exist in health education, a conscientious application of the materials coupled with proper teacher methodology and inservice training is lacking in many schools. Schools must recognize and face their obligation, which cannot be discharged merely by scheduling children to periodic health classes. The school must teach them what they want to know with a relevant curriculum emphasizing health habits.

The Conceptual Guidelines for School Health Programs in Pennsylvania offers an excellent continuum for total health. Applying the information in this document and an extensive teacher inservice program should be an excellent way to begin the upgrading of the school health curriculum.

# BIBLIOGRAPHY

BIBLIOGRAPHY


1. Byler, R. V., Lewis, G. M., Totman, R. S., Teach Us What We Want To Know, Mental Health Materials Center, Inc., 419 Park Avenue, New York, 1969.

2. Conceptual Guidance For School Health Programs in Pennsylvania, Pennsylvania Department of Education, February, 1970.

3. Rayner, J., "Socioeconomic Status and Factors Influencing the Dental Health Practices of Mothers," American Journal of Public Health, Vol. 60, No. 7, July, 1970.

4. Pratt, L., "The Relationship of Socioeconomic Status to Health," American Journal of Public Health, Vol. 61, No. 2, February, 1971.

5. Seymour, E., "The Effectiveness of a Conceptual Approach to Dental Health Instruction in Junior High School," The Journal of School Health, Vol. 42, No. 8, October, 1972.

6. Robinson, B. A., Mobley, E. and Pointer, M. B., "Is Dental Health Education the Answer?," Journal of the American Dental Association, No. 74, January, 1967.

7. Evans, R. I., Rozelle, R. M., Lasater, T. M., Dembroski, T. M. and Allen, B. P., "New Measure of Effects of Persuasive Communications: A Chemical Indicator of Toothbrushing Behavior," Psychological Report, 23, 1968.

8. Evans, R. I., Rozelle, R. M., Lasater, T. M., Dembroski, T. M. and Allen, B. P., "Fear Arousal, Persuasion, and Actual Versus Implied Behavioral Change: New Perspective Utilizing a Real-Life Dental Hygiene Program," Journal of Personality and Social Psychology, No. 16, 1970.

9. Horn, D., "Educational Aspect of Smoking Research," School Health Review, 2, 4: 12-15, November, 1971.

10. Bensley, M. L., Value Education: A Promising Approach to the Drug Problem, Croft Educational Services, Inc., New London, Connecticut, January, 1971.

11. Cunico, J. A. and Boothe, W. H., "Duluth's School Health Education Project: The Multi-Agency Approach," The Journal of School Health, Vol. 44, No. 1, January, 1974.

12. Guerriero, C. A., EQA Manual One--Teacher Inservice, Pennsylvania Department of Education, 1974.

13. Hoyman, H. S., "Health Ethics and Relevant Issues," The Journal of School Health, Vol. XLII, No. 9, November, 1972.

# APPENDIX

SUGGESTED SCOPE AND SEQUENCE CHART FROM THE CONCEPTUAL GUIDELINES

FOR SCHOOL HEALTH PROGRAMS IN PENNSYLVANIA

The following scope and sequence chart has been developed to assist the teacher in establishing the starting point and suggested periods of greatest concentration in specific areas of instruction. Districts may find it best to alter this suggested alignment to better meet local needs. The horizontal arrows indicate this to be an acceptable and even recommended practice.

| | K-3 | | 4-6 | | 7-9 | | 10-12 | | 13 |
|---|---|---|---|---|---|---|---|---|---|
| ALCOHOL | | ↔ | I-B | ↔ | H | ↔ | H | ↔ | C |
| ANATOMY | I | ↔ | I-B | ↔ | H | ↔ | R | ↔ | |
| COMMUNITY HEALTH | I-B | ↔ | B | ↔ | H | ↔ | C | ↔ | R |
| CONSUMER HEALTH | I | ↔ | I-B | ↔ | H | ↔ | H | ↔ | C |
| DENTAL HEALTH | I-B | ↔ | H | ↔ | C | ↔ | R | ↔ | |
| DISEASE CONTROL | I | ↔ | B | ↔ | H | ↔ | H | ↔ | C |
| DRUGS AND NARCOTICS | I | ↔ | B | ↔ | H | ↔ | H | ↔ | C |
| FAMILY RELATIONSHIPS | I | ↔ | B | ↔ | H | ↔ | H | ↔ | C |
| HEALTH CAREERS | I | ↔ | I | ↔ | B | ↔ | H | ↔ | C |
| HEREDITY AND ENVIRONMENT | I | ↔ | B | ↔ | H | ↔ | C | ↔ | R |
| HUMAN SEXUALITY | I | ↔ | B | ↔ | H | ↔ | H | ↔ | C |
| MENTAL HEALTH | I | ↔ | B | ↔ | H | ↔ | H | ↔ | C |
| NUTRITION | I-B | ↔ | H | ↔ | H | ↔ | C | ↔ | R |
| PHYSICAL FITNESS | I | ↔ | B | ↔ | H | ↔ | H | ↔ | C |
| PHYSIOLOGY | I | ↔ | B | ↔ | H | ↔ | C | ↔ | R |
| SAFETY | I-B | ↔ | H | ↔ | H | ↔ | C | ↔ | |
| SMOKING | | ↔ | I-B | ↔ | H | ↔ | C | ↔ | C |

I--Introduction

B--Basic Content Development

H--Heaviest Concentration

C--Continuing Emphasis

R--Reinforcement of Content

EXAMPLES OF SUGGESTED PUPIL-TEACHER ACTIVITIES FROM THE

CONCEPTUAL GUIDELINES FOR SCHOOL HEALTH PROGRAMS IN PENNSYLVANIA

SAFETY

GRADES K-3

| CONCEPTS | SUGGESTED PUPIL-TEACHER ACTIVITIES |
|---|---|
| Safety and accident prevention is everyone's concern. | 1. Interview policeman, nurse, bus driver, parents, school patrol members, etc. about their responsibilities in home, community and school safety.<br>2. Invite the head of the physical education department to discuss and demonstrate safety on the playground and in the gymnasium.<br>3. Visit nurse's office to discover how school injuries are treated.<br>4. Dramatize the "lost child" game in which one child is lost and another is a policeman. Have child review home address, telephone number and name. Practice the use of the phone. |
| Play can be more fun if it is controlled. | 1. Demonstrate how to use slides, swings, teeter-totters and other equipment found on the school playground and throughout the community.<br>2. Demonstrate with children on the playground the typical safe-play situations and those containing common accident hazards.<br>3. Emphasize running and falling hazards.<br>4. Assist children in planning safe games for playground use.<br>5. Through role-playing, demonstrate the proper, safe use of equipment and materials such as scissors, tricycle, blocks, wagon, lunch trays, etc.<br>6. Demonstrate and practice bicycle safety for both riders and pedestrians. |

| CONCEPTS | SUGGESTED PUPIL-TEACHER ACTIVITIES |
| --- | --- |
| Courtesy and conduct are important to good school safety. | 1. Make charts showing how left and right change as direction changes; correlate it to behavior in halls and on stairs.<br>2. Demonstrate how to walk up and down stairs, one step at a time; open doors; control rate of walking; round corners; stay to the right, etc. Interpret WHY such precautions are necessary.<br>3. Demonstrate safe practices for entering and leaving the building so as to avoid pushing and tripping.<br>4. Demonstrate conduct and courtesy in use of drinking fountain, lavatory, cafeteria, playground and classroom. |
| Sharing safety knowledge can help others prevent accidents. | 1. Plan with the art instructor to have students draw or paint safety posters and illustrations.<br>2. Make a safety scrap book with children's drawings or pictures cut from magazines or newspapers.<br>3. Make puppets and conduct a show on safety.<br>4. Stage a dramatic play showing safe ways of doing things. Invite other classes or parents.<br>5. Make bulletin board displays on safety in the school.<br>6. Make up safety riddles or rules about school objects such as pencils, pens, scissors, etc. |
| Safety and courtesy practiced away from school can help prevent accidents during play. | 1. Make a display of toys or small play equipment which can be dangerous if not correctly used, e.g. marbles, hard balls, jump ropes, sling shots, BB guns, dart games, bows and arrows, etc. Discuss why such equipment may be dangerous.<br>2. Discuss taking turns. |

## DRUGS AND NARCOTICS

### GRADES 4-6

| CONCEPTS | SUGGESTED PUPIL-TEACHER ACTIVITIES |
|---|---|
| Stimulants and depressants are present in many common beverages. | 1. List and discuss the effects of tea, cola drinks and coffee. Briefly introduce or review the effects of alcohol and cigarettes on the body.<br>2. Refer to units on alcohol and smoking. |
| Regular practice and use of stimulants and depressants often leads to stronger drugs. | 1. Discuss the habit-forming effects of repetitive use of sleeping pills, tranquilizers, diet pills and other drugs.<br>2. Discuss experimentation as the first step to regular use of drugs.<br>3. Show an appropriate film about drug abuse.<br>4. List and discuss the five categories of drugs: narcotics, sedatives, tranquilizers, stimulants and hallucinogens. |

## DRUGS AND NARCOTICS

### GRADES 7-9

| | |
|---|---|
| Drugs have always been useful and valuable to man. | 1. Examine drug remedies and superstitions. Discuss and evaluate these beliefs.<br>2. Investigate the current uses and dangers of various types of drugs, narcotics, patent medicines, anesthetics, antibiotics, hormones, tranquilizers, antihistamines, barbiturates, antiseptics and hallucinogens. Form committees and report findings to class. |

| CONCEPTS | SUGGESTED PUPIL-TEACHER ACTIVITIES |
| --- | --- |
| The increase in longevity of man is partly due to modern drugs. | 1. Research and prepare graphs illustrating life expectancy in the United States and other countries.<br>2. Trace, through medical history, the development of drugs in the treatment of diseases such as diptheria, typhoid, tuberculosis, polio, epilepsy, diabetes and others. |
| Drugs affect individuals in different ways. | 1. Discuss the dangers and hazards involved in overdoses and the combining and sharing of drugs.<br>2. Discuss possible reactions and what to do for those who react to drugs, such as allergenic reactions, tachycardia and depression. |
| Experimentation with drugs can lead to uncontrollable use of drugs. | 1. Discuss the various reasons why young people will try body- and mind-altering substances.<br>2. Show an appropriate film on drug addiction. |
| There are inherent dangers in the indiscriminate use of any drug. | 1. Have the students report on and discuss the psychological and physiological effects of marijuana, pep pills, tranquilizers, anti-acids, laxatives, aspirin and other drugs.<br>2. Create a situation requiring a decision to try for the first time a form of drug or narcotic. Present to the class for open discussion or role play. |
| The prolonged use of drugs, which may or may not lead to drug dependence, often leads to other individual health problems. | 1. Investigate the health conditions related to the use of drugs, such as venereal disease, pest-infested living quarters, respiratory illnesses, skin infections, malnutrition and intestinal diseases. |

| CONCEPTS | SUGGESTED PUPIL-TEACHER ACTIVITIES |
|---|---|
| Maintaining a drug habit is expensive and often leads to crime. | 1. Examine the cost in dollars, job efficiency and safety of drug abuse. Report on the cost to the individual addict, loss of merchandise. |

## CONSUMER HEALTH

### GRADES 10-12

| CONCEPTS | SUGGESTED PUPIL-TEACHER ACTIVITIES |
|---|---|
| Self-diagnosis and inadequate safety precautions may endanger health. | 1. Review safety precautions in taking medicine and keeping it in the home. Include the importance of reporting unusual reactions of persons to medications prescribed by physicians.<br>2. Discuss the dangers of ignoring illness and unusual symptoms and the importance of describing all symptoms to a physician. |
| Ethical codes exist for the practice of medicine, dentistry and allied health professions. | 1. Discuss the social, emotional and economic reasons why people go to a charlatan. Investigation of quackery in food, drugs and gadgets.<br>2. Discuss criteria for identifying illegal health practices. Discuss where and how to report illegal and unethical practices. |
| Each family should be familiar with available health services. | 1. Develop a list of health services available in the local community.<br>2. Organize a field trip to or invite speakers from hospitals, clinics, other sources or organizations.<br>3. Assume you are moving to a new community with your family. Describe the procedures you would follow in choosing medical and dental care advisors. Include when you should institute this search and what sources of information you would use to make your decisions. |

| CONCEPTS | SUGGESTED PUPIL-TEACHER ACTIVITIES |
|---|---|
| Products such as food, food additives, cosmetics, drugs, medications are often selected on the basis of hearsay, emotional feelings, past experiences, social forces and pressures. | 1. Using criteria already developed earlier in this unit, evaluate items or specimens collected by teacher and students. This activity may also apply to controversial health issues such as abuse and sex education. |
| Standards for the processing and labeling of foods are defined by the Food and Drug Administration. | 1. Review with the class food processing terms such as dehydration, frozen, freeze drying, pasteurized, homogenized, asepic canning, irradiation, dehydro-freezing.<br>2. Review with students the Food Additive Amendment of 1958 and its effect on the consumer and food technology. |
| Medical care is an important part of the national and family budget. | 1. Have students become familiar with the various types of medical care insurance. Make a chart displaying various kinds, advantages and disadvantages. |
| Medical care insurance is of two basic types: voluntary and compulsory. | 1. Conduct a debate on compulsory (public) health care insurance vs. voluntary (private) health care insurance.<br>2. Discuss the question: How can an individual evaluate and select an insurance coverage program? Use outside speakers; i.e., Blue Cross-Blue Shield representative and other insurance agency representatives.<br>3. Refer to grade 7-9 activities pertaining to health insurance. |

"TEACH US WHAT WE WANT TO KNOW"
MATERIALS AND PROCESSES
RECOMMENDED BY STUDENTS
From a study by Byler, et. al.

Although requests for suggestions from students concerning the teaching of health were directed primarily to students in grades 7-12, comments on the topic and responses received from younger children are included here.

Third graders offered the following ideas to make health teaching interesting:

Go to a hospital to learn how things are, or just to look.
Go to a doctor's office to just look.
See where medicines are made.
See how vitamins are made.
See a heart transplant. (film)
Have people visit our room: a doctor with his/her equipment, a dentist, a medical scientist, a nurse.
Put on plays.
Read books about health.

Sixth graders made some suggestions which also merit consideration by teachers and curriculum builders:

They expressed enthusiastic support of the role of the school in teaching health. "The home and the school should teach health," they say. "There should be a period for the teaching of health every day."

What should be included? They condemned former teaching as being too "tooth-centered," saying, "Schools should teach more health because it is important. Teachers should not skip over the important things. Teach health habits; the human body, inside and out; the necessity for medical and dental checkups; the effects of using cigarettes and drugs; and first aid."

Children recommend that teaching not be boring, that ways be found to make it interesting and to maintain interest. They observe:

1. That good up-to-date films add clarity and zest, particularly if discussion with a knowledgeable person follows.
2. That discussions with visiting experts augment what teachers can do.
3. That health textbooks be revised to become less dull and to make them provide information "to quench the thirsty mind," on differences among people, on playground safety, and on first aid. A box for children's suggestions is recommended.

In addition, the secondary school students in grades 7-12 suggested ways that health teaching could be made effective. Responses deal with organizing content, methods of instruction and administrative procedures. Some ideas are offered for community responsibility.

Following is a compilation of the recommendations made by secondary school students:

Class Organization

Use small groups of boys and girls.
Do not separate the sexes. Separation leaves many questions unanswered.
Invite parents to take part in small group discussions.

Organization of Content

The course should differ each year and be planned by the students who are in it.
Include social problems, relationships, problems such as drugs and general health teaching.
Emphasize areas the students are most interested in.
Listen to all student questions, consider them carefully and answer them honestly and completely.

Methods and Materials

Use open discussion from kindergarten through high school.
Have question-and-answer periods.
Have small discussion groups of boys and girls, with a teacher who won't think they are juvenile delinquents.
Have seminars when kids can talk freely about anything.
Bring specialists in to talk with students and answer questions.
Use tapes of specialists on subjects like alcohol, drugs, etc.
Use up-to-date audiovisual aids: films, filmstrips, charts, posters.
Use movies on smoking, drinking, drugs, reckless driving and their effects.
Show people under the influence of alcohol and drugs; show the black lungs of a smoker.
Visit the emergency room of a hospital to see the victims of reckless driving.
Don't stick to a BOOK!
Modernized textbooks would be helpful all through the grades.
Use up-to-date magazines.
Explain the newer developments in medicine.

## Ideas for Teachers and the Administration

In high school, there should be more health classes than study halls.

Don't grade health education. How can you grade a student on morals and habits?

Have an individual (besides the counselor) whom students can go to with a problem. It would be wise to have a woman for girls and a man for boys.

Help kids out of the rut (drugs) they've gotten themselves into.

Bring parents and doctors in to help them kick the habit.

Hire teachers who are not prudes, not teacher-like, who can handle kids without being authoritarian, and who are not ashamed to talk about things (sex education).

Don't teach us what you want to teach; teach us what we want to know.

Students should not feel smaller than the teacher.

Perhaps students should have more authority in (the health) class.

The teacher (of health) should be young and well-liked, broadminded, competent, courteous, not bossy, or the kids won't ask questions.

We should be taught with understanding.

Teachers in grades 4-6 should be aware of the students' preoccupation with sex and smoking.

For sex education, you need a decent young teacher who won't stand for any nonsense and won't get embarrassed.

## Community Responsibilities

The town should set up a teaching system where adults could teach their kids in an easier way. Most parents have a hard time explaining to their kids about the facts of life when they start asking about sex.

The government should provide more places for kids to have fun and dance so they don't get into trouble with the police.

The PTA and health organizations should sponsor talks at night for parents whose children are in the junior and senior high schools.

Parents need a class in sex education. It could be provided in a nearby center or on television.

There should be free help for people who get into trouble with sex, dope and other problems, and this help should be widely advertised so these teenagers can be sure of help and can be sure of where to go.

Counseling and advice should be given in confidence. Not even their parents should be told.

In slum areas, medical clinics are needed for children, with a nominal charge.